



CITY OF

RIVERSIDE

OFFICE OF NEIGHBORHOODS

Neighborhood Matching Grant Application

Organization Information *Please type or print the following information.*

Neighborhood Organization Name:					
Representative's Name:					
Mailing Address:					
City:		State:		Zip Code:	
E-mail Address:					
Home Phone:		Work Phone:			

A. Project Category: *Please check the box that best describes your project (see NMG Brochure:)*

- ☐ Neighborhood Improvement/Beautification
☐ Neighborhood Organizing
☐ Neighborhood Planning

B. Neighborhood Project Title, Description, and Support Statement *(Attach additional pages if desired).*

Project Title:

Brief Description of the project and how it will improve the neighborhood:

The approximate number of households that will benefit from this project: _____

C. Neighborhood Project Grant Funds Requested/Neighborhood Pledge

To complete this project, our neighborhood will pledge goods and services worth equal or more than the amount of funds requested. We understand that the maximum amount requested can be up to \$1,000. (Please use the **NMG Pledge Form** provided. Volunteer time will be calculated at **\$16.00 per hour**. For instance, if \$500 is being requested, residents must pledge \$500 in goods, services, or volunteer hours to “match” the \$500 being requested.)

This project is a one-time expenditure.

Amount of funds requested is (\$1,000 maximum): _____

Estimated Time-Frame of Project: Start date: _____ Finish date: _____

(Projects must be completed within six months of funding. Exceptions will be considered.)

We received input from neighbors for this project by the following means (List dates of meetings, door-to-door surveys, flyers, etc.):

Signature of Project Representative: _____ Date: _____

D. Neighborhood Certification

(For office use only)

Submitted to NMG Subcommittee	Date Submitted:	
Subcommittee Action:	Recommendation to Deny:	Recommendation to Approve:
Chair's Signature:		
Submitted to RNP Full Committee	Date Submitted:	
Full Committee Action:	Denied:	Approved:
Chair's Signature:		
Check Payable to:	(Please verify the completion of the NMG Agreement before issuing funds.)	
Completion Date:		Follow up Date:
Office of Neighborhoods Director Signature:		Date Signed: